

**FEC  
FORM 3P****REPORT OF RECEIPTS  
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

**1. NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

Marianne Williamson for President

**ADDRESS** (number and street)

1787 Tribute Road, Suite K

Check if different  
than previously  
reported. (ACC)

Sacramento

CITY

CA

STATE

95815

ZIP CODE

**2. FEC IDENTIFICATION NUMBER**

C

C00696054

**3. TYPE OF REPORT** (Choose One)Check here if this is a Termination Report (TER) ☐

## Quarterly Reports:

## Monthly Reports:

- ☐ April 15 (Q1) ☐ October 15 (Q3) ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
- ☐ July 15 (Q2) ☐ January 31 Year-End Report (YE) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- ☐ 12-Day Pre-Election Report for the Election on ☐ 30-Day Post-Election Report for the General Election on
- ☐ M M / D D / Y Y Y Y Y Y in the State of ☐ ☐ M M / D D / Y Y Y Y Y Y

**4. IS THIS REPORT AN AMENDMENT?**☐ yes☒ no**5. COVERING PERIOD**M M / D D / Y Y Y Y Y Y  
04 / 01 / 2022

THROUGH

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Deane, Shawnda, , ,

Signature of Treasurer

Deane, Shawnda, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

**Marianne Williamson for President**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
04 / 01 / 2022

To:

M M / D D / Y Y Y Y Y  
04 / 30 / 2022**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	28436.36
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	0.00
8. SUBTOTAL (Lines 6 and 7) .....	28436.36
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	21110.97
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	7325.39
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	204699.64
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.) .....	0.00

**NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES**

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	51260.09
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	230179.43

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3P (Rev. 05/2016)

PAGE 3 / 26

NAME OF COMMITTEE (in Full)

Marianne Williamson for President

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2022

To:

M M / D D / Y Y Y Y  
04 / 30 / 2022

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	0.00	26477.00
(ii) unitemized .....	0.00	27217.00
(iii) Total contributions .....	0.00	53694.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	0.00	53694.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	157319.55
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	1961.84
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	1961.84
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	33.56
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	0.00	213008.95

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

PAGE 4 / 26

NAME OF COMMITTEE (in Full)

Marianne Williamson for President

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2022

To:

M M / D D / Y Y Y Y  
04 / 30 / 2022**II. DISBURSEMENTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	20985.97	231682.36
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	458.91
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	125.00	2433.91
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	125.00	2433.91
29. OTHER DISBURSEMENTS .....	0.00	4.30
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	21110.97	234579.48

**III. CONTRIBUTED ITEMS**  
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
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FEC Form 3P (Rev. 05/2016)  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00696054

Marianne Williamson for President

ADDRESS (number and street)

1787 Tribute Road, Suite K

Sacramento

CITY

CA

STATE

95815

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

# SCHEDULE B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 26

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Marianne Williamson for President

Full Name (Last, First, Middle Initial)

### A. American Express

Mailing Address P.O. Box 650448

City  
Dallas

State  
TX

Zip Code  
75265

Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : EB22899

Amount of Each Disbursement this Period

2232.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

### B. Facebook, Inc.

Mailing Address 1601 Willow Road

City  
Menlo Park

State  
CA

Zip Code  
94025

Purpose of Disbursement  
Online Ads

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : BB334EB22899

Amount of Each Disbursement this Period

900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

### C. Zoom Video Communications, Inc.

Mailing Address 55 Almaden Blvd., 6th Floor

City  
San Jose

State  
CA

Zip Code  
95113

Purpose of Disbursement  
Video Communications Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : BB333EB22899

Amount of Each Disbursement this Period

16.05

☒ Memo Item

Subtotal Of Receipts This Page (optional).....

2232.62

Total This Period (last page this line number only).....



# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 26

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Marianne Williamson for President

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address P.O. Box 650448

City  
Dallas

State  
TX

Zip Code  
75265

Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : EB22897

Amount of Each Disbursement this Period

1803.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. A & B Printing**

Mailing Address 2900 S. Highland Drive

City  
Las Vegas

State  
NV

Zip Code  
89109

Purpose of Disbursement  
Printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : BB300EB22897

Amount of Each Disbursement this Period

1803.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

## **c. Facebook, Inc.**

Mailing Address 1601 Willow Road

City  
Menlo Park

State  
CA

Zip Code  
94025

Purpose of Disbursement  
Online Ads

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 12 / 2022

FEC Identification Number

C

Transaction ID : EB22894

Amount of Each Disbursement this Period

11000.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

12803.35

Total This Period (last page this line number only).....

# **SCHEDULE B-P** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 26

☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)

Marianne Williamson for President

Full Name (Last, First, Middle Initial)

## **A. Kelly Law, PLLC**

Mailing Address 16 Broad Street

City  
Nashua

State  
NH

Zip Code  
03064

Purpose of Disbursement  
Petition Gathering

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : EB22901

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Media for Your Mind, Inc.**

Mailing Address 50 Westvale Drive

City  
Concord

State  
MA

Zip Code  
01742

Purpose of Disbursement  
Videography

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : EB22903

Amount of Each Disbursement this Period

2600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Olson Remcho, LLP**

Mailing Address 555 Capitol Mall, Suite 400

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Legal Services

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2022

FEC Identification Number

C

Transaction ID : EB22905

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

5950.00

Total This Period (last page this line number only).....

20985.97

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22319

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 11 / 2020

Date Due

M M / D D / Y Y Y Y  
09/11/2021

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

2500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22331

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 14 / 2020

Date Due

M M / D D / Y Y Y Y  
10/14/2021

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**Subtotal Of Receipts This Page** (optional).....▶

1500.00

**Total This Period** (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22583

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

12500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 30 / 2021

Date Due

M M / D D / Y Y Y Y  
04/30/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

12500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P  
LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22618

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 26 / 2021

Date Due

M M / D D / Y Y Y Y  
05/26/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

8500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22636

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

18500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

18500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 01 / 2021

Date Due

M M / D D / Y Y Y Y  
07/01/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

18500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22666

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 29 / 2021

Date Due

M M / D D / Y Y Y Y  
07/29/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**Subtotal Of Receipts This Page** (optional).....▶

8500.00

**Total This Period** (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.



# **SCHEDULE C-P** **LOANS**

Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22692

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary

☐ General

☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

## TERMS

Date Incurred

M M / D D / Y Y Y Y  
08 / 26 / 2021

Date Due

M M / D D / Y Y Y Y  
08/26/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes

☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

8500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22708

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 24 / 2021

Date Due

M M / D D / Y Y Y Y  
09/24/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**Subtotal Of Receipts This Page** (optional).....

8500.00

**Total This Period** (last page this line number only).....

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22736

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
10 / 26 / 2021

Date Due

M M / D D / Y Y Y Y  
10/26/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

8500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P**  
**LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22772

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

68500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

68500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 26 / 2021

Date Due

M M / D D / Y Y Y Y  
11/26/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

68500.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE C-P  
LOANS**Use separate schedule(s) for each category  
of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : PC22805

Marianne Williamson for President

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

Williamson, Marianne, , ,

☐ Primary☐ General☒ Other (specify) ▼

Primary Debt

Mailing Address

690 Alamo Pintado Road

City

Solvang

State

CA

Zip Code

93463

☒ Personal Funds of the Candidate

Original Amount of Loan

15319.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15319.55

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 24 / 2021

Date Due

M M / D D / Y Y Y Y  
12/24/2022

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....▶

15319.55

Total This Period (last page this line number only).....▶

161319.55

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 / 26

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

Marianne Williamson for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):  
Credit Card Payment

Mailing Address P.O. Box 650448

City  
DallasState  
TXZip Code  
75265

Outstanding Balance Beginning This Period

Transaction ID : PD15514

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

American Express

Nature of Debt (Purpose):  
Credit Card Payment

Mailing Address P.O. Box 650448

City  
DallasState  
TXZip Code  
75265

Outstanding Balance Beginning This Period

Transaction ID : PD18577

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ballot Access Management, LLC

Nature of Debt (Purpose):  
Petitions

Mailing Address 165-U New Boston Street, Suite 283

City  
WoburnState  
MAZip Code  
01801

Outstanding Balance Beginning This Period

Transaction ID : PD20795

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....
2) **TOTALS** This Period (last page this line number only) .....
3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 / 26

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

Marianne Williamson for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Deane &amp; Company

Nature of Debt (Purpose):  
Reporting Services

Mailing Address 1787 Tribute Road, Suite K

City  
SacramentoState  
CAZip Code  
95815

Outstanding Balance Beginning This Period

0.00

Transaction ID : PD22910

Amount Incurred This Period

968.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

968.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Facebook, Inc.

Nature of Debt (Purpose):  
Online Ads

Mailing Address 1601 Willow Road

City  
Menlo ParkState  
CAZip Code  
94025

Outstanding Balance Beginning This Period

11000.00

Transaction ID : PD21077

Amount Incurred This Period

0.00

Payment This Period

11000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Financial Innovations, Inc.

Nature of Debt (Purpose):  
Postage

Mailing Address 1 Weingeroff Blvd.

City  
CranstonState  
RIZip Code  
02910

Outstanding Balance Beginning This Period

442.02

Transaction ID : PD21639

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

442.02

1) **SUBTOTALS** This Period This Page (optional) .....

1410.15

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 / 26

FOR LINE NUMBER:  
(check only one)

☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Marianne Williamson for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Financial Innovations, Inc.			Nature of Debt (Purpose): Website Services
Mailing Address 1 Weingeroff Blvd.			
City Cranston	State RI	Zip Code 02910	

Outstanding Balance Beginning This Period

1853.20

Transaction ID : PD21640

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1853.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Financial Innovations, Inc.			Nature of Debt (Purpose): Postage
Mailing Address 1 Weingeroff Blvd.			
City Cranston	State RI	Zip Code 02910	

Outstanding Balance Beginning This Period

811.54

Transaction ID : PD21999

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

811.54

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Financial Innovations, Inc.			Nature of Debt (Purpose): Website Services
Mailing Address 1 Weingeroff Blvd.			
City Cranston	State RI	Zip Code 02910	

Outstanding Balance Beginning This Period

459.20

Transaction ID : PD22000

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

459.20

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3123.94
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	



**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 / 26

FOR LINE NUMBER:  
(check only one)

☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Marianne Williamson for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kelly Law, PLLC			Nature of Debt (Purpose): Petition Gathering
Mailing Address 16 Broad Street			
City Nashua	State NH	Zip Code 03064	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : PD21078	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor L2, Inc.			Nature of Debt (Purpose): Voter Data
Mailing Address 18912 N. Creek Parkway, Suite 201			
City Bothell	State WA	Zip Code 98011	

Outstanding Balance Beginning This Period 31000.00	Transaction ID : PD21647	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 31000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media for Your Mind, Inc.			Nature of Debt (Purpose): Videography
Mailing Address 50 Westvale Drive			
City Concord	State MA	Zip Code 01742	

Outstanding Balance Beginning This Period 2600.00	Transaction ID : PD21648	
Amount Incurred This Period 0.00	Payment This Period 2600.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional) .....	31000.00
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	

**SCHEDULE D-P****DEBTS AND OBLIGATIONS (Excluding Loans)**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 / 26

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

Marianne Williamson for President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Olson Remcho, LLP

Nature of Debt (Purpose):  
Legal Services

Mailing Address 555 Capitol Mall, Suite 400

City  
SacramentoState  
CAZip Code  
95814

Outstanding Balance Beginning This Period

350.00

Transaction ID : PD22896

Amount Incurred This Period

0.00

Payment This Period

350.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Olson Remcho, LLP

Nature of Debt (Purpose):  
Legal Services

Mailing Address 555 Capitol Mall, Suite 400

City  
SacramentoState  
CAZip Code  
95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PD22914

Amount Incurred This Period

219.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

219.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

219.00

2) **TOTALS** This Period (last page this line number only) .....

43380.09

3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....

161319.55

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

204699.64